

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 9
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee United Steelworkers of America Political Action Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address Political Action Fund Voluntary Ac 5 Gateway Center			Amount 194.07	
City Pittsburgh	State PA	Zip Code 15222	Transaction ID : D539853	
Purpose of Expenditure Inkind Staff Travel		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate Gary Peters		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		15876.79	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee United Steelworkers of America Political Action Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address Political Action Fund Voluntary Ac 5 Gateway Center			Amount 24.26	
City Pittsburgh	State PA	Zip Code 15222	Transaction ID : D539854	
Purpose of Expenditure Inkind Staff Travel		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		10540.29	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	218.33
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 9
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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee United Steelworkers of America Political Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address Political Action Fund Voluntary Ac 5 Gateway Center		Amount 512.78	
City Pittsburgh	State PA	Zip Code 15222	Transaction ID : D539861
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate Gary Peters		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 15876.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 11.86	
City Washington	State DC	Zip Code 20006	Transaction ID : D539913
Purpose of Expenditure Walk Packets	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate TERRI LYNN LAND		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 10540.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	524.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 33.79	
City Washington	State DC	Zip Code 20006	Transaction ID : D539915
Purpose of Expenditure Walk Packets	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate Gary Peters		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 15876.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee AFT Solidarity 527		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 555 New Jersey Ave. N.W.		Amount 20.55	
City Washington	State DC	Zip Code 20001	Transaction ID : D539918
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate TERRI LYNN LAND		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 10540.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	54.34
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report ➤ <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y</div> </div>	

Full Name of Payee AFT Solidarity 527		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 19 / 2014</div> </div>	
Mailing Address 555 New Jersey Ave. N.W.		Amount <div> <div>91.75</div> </div>	
City Washington	State DC	Zip Code 20001	Transaction ID : D539920 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 19 / 2014</div> </div>
Purpose of Expenditure InKind Staff		Category/ Type 001	
Name of Federal Candidate Gary Peters		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		<div> <div>15876.79</div> </div>	District: _____ State: <u>MI</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

Full Name of Payee UFCW Int'l Union Working Families Advocacy Project		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 1775 K Street, NW		Amount 42.02	
City Washington	State DC	Zip Code 20006-1598	Transaction ID : D539921 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Purpose of Expenditure InKind Staff	Category/ Type	001	
Name of Federal Candidate TERRI LYNN LAND	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: MI
Calendar Year-To-Date Per Election for Office Sought	10540.29	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	133.77
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee UFCW Int'l Union Working Families Advocacy Project			Date of Public Distribution/Dissemination		
Mailing Address 1775 K Street, NW			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 19 / 2014 </div>		
City	State	Zip Code	Amount		
Washington	DC	20006-1598	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 399.42 </div>		
Purpose of Expenditure InKind Staff		Category/ Type	Transaction ID : D539922		
		<div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Date of Disbursement or Obligation		
			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 19 / 2014 </div>		
Name of Federal Candidate			Office Sought:		
Gary Peters			<input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u>		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
Calendar Year-To-Date Per Election for Office Sought			2014 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 15876.79 </div>					

Full Name of Payee Michigan State AFL-CIO General Fund			Date of Public Distribution/Dissemination		
Mailing Address 419 Washington Square, S. #200			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 19 / 2014 </div>		
City	State	Zip Code	Amount		
Lansing	MI	48933	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 60.46 </div>		
Purpose of Expenditure InKind Staff		Category/ Type	Transaction ID : D539935		
		<div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Date of Disbursement or Obligation		
			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 19 / 2014 </div>		
Name of Federal Candidate			Office Sought:		
Gary Peters			<input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u>		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
Calendar Year-To-Date Per Election for Office Sought			2014 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 15876.79 </div>					

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 459.88 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 459.88 </div>

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Retail, Wholesale and Department Store Union		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 30 E29th St.		Amount 64.32	
City New York	State NY	Zip Code 10016	Transaction ID : D539941
Purpose of Expenditure InKind Staff		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate Gary Peters		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		15876.79	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 1625 L Street, NW		Amount 171.95	
City Washington	State DC	Zip Code 20036	Transaction ID : D539946
Purpose of Expenditure InKind Staff		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10540.29	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	236.27
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 1625 L Street, NW		Amount 172.87	
City Washington	State DC	Zip Code 20036	Transaction ID : D539948
Purpose of Expenditure Inkind Staff Travel	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 10540.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 1625 L Street, NW		Amount 264.17	
City Washington	State DC	Zip Code 20036	Transaction ID : D539950
Purpose of Expenditure Inkind Staff Travel	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate Gary Peters		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 15876.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	437.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y	

Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 19 / 2014</div> </div>	
Mailing Address 1625 L Street, NW		Amount <div> <div>171.95</div> </div>	
City Washington	State DC	Zip Code 20036	Transaction ID : D539951 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 19 / 2014</div> </div>
Purpose of Expenditure InKind Staff	Category/ Type	001	
Name of Federal Candidate Gary Peters	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	District: _____ State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought	<div> <div>15876.79</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►

Full Name of Payee National Nurses United		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 8630 Fenton Street Suite 1100		Amount 18.84	
City Silver Spring	State MD	Zip Code 20910	Transaction ID : D539958
Purpose of Expenditure InKind Staff	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate TERRI LYNN LAND	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: MI
Calendar Year-To-Date Per Election for Office Sought	10540.29	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	190.79
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee National Nurses United		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 8630 Fenton Street Suite 1100		Amount 18.84	
City Silver Spring	State MD	Zip Code 20910	Transaction ID : D539959
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate Gary Peters		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	18.84
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	2273.90

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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